

CERTIFICATION OF FACSIMILE TRANSMISSION:

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING
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BELOW:

Date of Transmission: September 18, 2002

Name of Person

Making Transmission: Linda L. Gray

Signature

Linda L. Gray 09/18/02*6/A Amcl
a/ach
AWele***IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**In Re Application of _____:

September 18, 2002

CAROLINE BOULENGER _____:

Group Art No.: 2822

Serial No. 09/756,997 _____:

Examiner: Kenelt Pierre

Filed: January 8, 2001 _____:IBM Corporation
Bldg. 300, Zip 482Title: METHOD FOR ELIMINATING
DEVELOPMENT RELATED DEFECTS IN
PHOTORESIST MASKS _____:2070 Route 52
Hopewell Junction, New York 12533**AMENDMENT****FAX COPY RECEIVED**

SEP 18 2002

Assistant Commissioner for Patents
Washington, D.C. 20231



TECHNOLOGY CENTER 2800

Sir:

Responsive to the Office Action dated 06/19/2002, kindly consider the following
Remarks, and amend the claims as follows:

FR919990065

- 1 -

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No.	
Applicant(s): Caroline Boulenger				FR919990065	
Serial No.	Filing Date	Examiner	Group Art Unit		
09/756,997	January 8, 2001	Kenelt Pierre	2822		
Invention: Method for Eliminating Development Related Defects in Photoresist Masks					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	11 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	4 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 09-0458					
A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
FAX COPY RECEIVED					
SEP 18 2002					
TECHNOLOGY CENTER 2800					
Dated: 9-18-02					
<div style="text-align: center;"> Signature</div> <p>Joseph P. Abate, Attorney Registration No. 30,238 International Business Machines Corporation Dept. 18G / Bldg. 300-482 2070 Route 52 Hopewell Junction, New York 12533 Phone: 845-894-4633 Fax: 845-892-6363</p>					
CC:					
<div style="border: 1px solid black; padding: 5px;"><p>CERTIFICATION OF FACSIMILE TRANSMISSION:</p><p>I hereby certify that this correspondence is being facsimile transmitted to the USPTO on the date shown below:</p><p>Date of Transmission: September 18, 2002</p><p>Name of Person Making Transmission: Linda L. Gray</p><p>Signature: </p></div>					

FACSIMILE TRANSMISSION TO USPTO

CERTIFICATION OF FACSIMILE TRANSMISSION:

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BELOW:

Date of Transmission: September 18, 2002

Name of Person

Making Transmission: Linda L. Gray

Signature: *Linda L. Gray* 09/18/02

12 PAGES ATTACHED

Re Applic of	Caroline Boulenger
Docket No.	FR919990065
Serial No.	09/756,997
Filing Date	January 8, 2001
Attorney	Joseph P. Abate

FAX COPY RECEIVED

SEP 18 2002

Document(s) Attached: Amendment

TECHNOLOGY CENTER 2800

PLEASE DELIVER TO:**EXAMINER: Kenelt Pierre****ART UNIT: 2822****PHONE NO: 703-305-4002****FAX NO: 703-308-7722 or 703-872-9318**

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**INTERNATIONAL BUSINESS
MACHINES CORPORATION**

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